

Sensitive But Unclassified (SBU) Nondisclosure Agreement

l,	, an individual official, employee, consultant, or subcontractor of or to (the Authorized Entity), intending to be legally bound, hereby consent to	
	ration of my being granted conditional access to certain i	
which the loss of, misuse of, or unauthor the conduct of Federal programs, or the amended, but which has not been specified Congress to be kept secret in the interest by NASA or other government agencies Homeland Security Information (SHSI);	at unclassified information is an over-arching term that coorized access to or modification of could adversely affect a privacy to which individuals are entitled under USC Title stifically authorized under criteria established by an Executest of national defense or foreign policy. This includes information as Executed to the country of the country o	the national interest or 5, Section 552a as tive Order or an Act of ormation categorized JO); Sensitive LES); Safeguarding
such material, it must be, at a minimum	ot under the continued control and supervision of a persor n, maintained under locked conditions. Handling, storage, Executive Orders, statutes, and agency implementing re	, and reproduction
	comply with the standards for access, dissemination, han had I am granted access as cited in this Agreement and in a specific category of information.	
material may result in damage to official NASA, and/or criminal prosecution. As sanctions if I disclose designated SBU admonition, reprimand, suspension with or my continued employment with NAS I have read this Agreement carefully an	norized disclosure or failure by me to sufficiently identify Sal relationships, monetary or other loss to individuals or fir a result of any violations and sanctions, I may be subject information. Sanctions include, but are not limited to, a nout pay, forfeiture of pay or have an adverse impact on not of a contractors. In the discontraction of the d	rms, embarrassment to t to administrative a warning notice, ny security clearance
them at this time, if I so choose.	iws, regulations, or directives referenced in this document	so that i may read
	ACKNOWLEDGMENT	
PED/PRINTED NAME:	BUSINESS ADDRESS:	TELEPHONE:
I make this Agreement in good faith, w	ithout mental reservation or purpose of evasion.	
GNATURE:		DATE:
WITNESS:		
YPED/PRINTED NAME:	GOVERNMENT/DEPARTMENT/AGENCY/BUSINESS ADDRESS:	TELEPHONE:
GNATURE:		DATE:
This form is not subject to the requirem	nents of P.L. 104-13, "Paperwork Reduction Act of 1995"	44 USC, Chapter 35.